

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
NORTHERN DIVISION**

**JASON BRUCE ROBERTSON, # 85709**

**PLAINTIFF**

**VERSUS**

**CIVIL ACTION NO. 3:18cv533-HTW-LRA**

**MANAGEMENT AND TRAINING  
CORPORATION, CENTURION OF  
MISSISSIPPI, INC., FRANK SHAW,  
NORRIS HOGANS, CAPTAIN BRIDGES,  
LIEUTENANT J. SCOTT, SERGEANT  
WESTMORELAND, HEALTH SERVICE  
ADMINISTRATOR MCCORT, NURSE J.  
COTTEN, DR. NAGEL, JOHN DOES, and  
INVESTIGATOR RUFFIN**

**DEFENDANTS**

**ORDER**

Upon consideration of the application to proceed *in forma pauperis* in the above entitled action, the Court notes that the Certificate portion of the application to proceed *in forma pauperis* was signed by an authorized officer on May 3, 2018, but the Complaint was not filed until August 10, 2018. Since there has been a time lapse, the Plaintiff must amend his application. Accordingly, it is hereby

**ORDERED:**

1. That, within 20 days of the entry of this Order, *pro se* Plaintiff Jason Bruce Robertson shall either file the attached Certificate to be completed by a prison official, explain the reason for the Certificate not being completed, or pay the required filing fee of \$350 and administrative fee of \$50.

2. That the Clerk of Court shall mail the attached form to the Plaintiff at his last known address. Failure to advise the Court of a change of address or failure to comply with any order

of the Court will be deemed as a purposeful delay and contumacious act by the Plaintiff and may result in the denial of *in forma pauperis* status.

THIS, the 6<sup>th</sup> day of September, 2018.

s/ Linda R. Anderson  
UNITED STATES MAGISTRATE JUDGE

-----MUST BE COMPLETED BY PLAINTIFF-----

Authorization for Release of Institutional Account Information and  
Payment of the Filing Fee

I, \_\_\_\_\_, \_\_\_\_\_  
(Name of Plaintiff) (Prisoner Number)  
authorize the Clerk of Court to obtain, from the agency having custody of my person, information about my institutional account, including balances, deposits and withdrawals. The Clerk of Court may obtain my account information from the past six months and in the future, until the appeal filing fee is paid. I also authorize the agency having custody of my person to withdraw funds from my account and forward payments to the Clerk of Court, in accord with 28 U.S.C. Section 1915.

\_\_\_\_\_  
(Signature of Plaintiff)

\_\_\_\_\_  
(Date)

IT IS PLAINTIFF'S RESPONSIBILITY TO HAVE THE APPROPRIATE PRISON  
OFFICIAL COMPLETE AND CERTIFY THE CERTIFICATE BELOW

CERTIFICATE TO BE COMPLETED BY AUTHORIZED OFFICER  
(Prisoner Accounts Only)

I certify that the applicant named herein has the sum of \$\_\_\_\_\_ on account to his credit at the \_\_\_\_\_ institution where he is confined. I further certify that the applicant likewise has the following securities to his credit according to the records of said institution:

\_\_\_\_\_.

I further certify that during the last six (6) months the  
plaintiff's average monthly **balance** was \$\_\_\_\_\_.

I further certify that during the last six (6) months the  
plaintiff's average monthly **deposit** was \$\_\_\_\_\_.

\_\_\_\_\_  
TELEPHONE NUMBER  
OF OFFICER FOR VERIFICATION

\_\_\_\_\_  
AUTHORIZED OFFICER OF INSTITUTION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF AUTHORIZED OFFICER

RETURN COMPLETED FORM TO:  
U. S. DISTRICT CLERK  
501 E. COURT STREET, SUITE 2.500  
JACKSON, MS 39201